



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR 1951

BY

W. ALCOCK
M.B., Ch.B., B.Hy., D.P.H.

SCHOOL MEDICAL OFFICER



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Contents

Staff	5
Introduction	6
Staff Changes	7
Medical Inspection	7
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition	8
(b) Nose and Throat defects	8
(c) Ear defects	9
(d) Eye and Visual Defects	10
(e) Orthopaedic defects	10
(f) Diseases of the Skin	10
(g) Speech defects	11
(h) Infestation with vermin	11
(i) Foot Defects	11
Handicapped Pupils	12
Infectious Diseases	13
Tuberculosis	13
B.C.G. Vaccination	14
Deaths of children of school age	14
Minor Ailments Clinic	15
Nursery Schools	15
Employment of School Children	15
School Meals Service and Free Milk Scheme	15
Report of Children's Care Committee	16
Appendix - Physical Education Report, 1951	24

STATISTICAL TABLES

Children on Roll—	18
Maintained Schools.	
Table 1.—Medical Inspection	18
Table 2a.—Defects found by Medical Inspection	19
Table 2b.—General condition	20
Table 3.—Infestation with vermin	20
Table 4.—Treatment	21
Table 5.—Dental Inspection and Treatment	23

Staff of the School Health Service

School Medical Officer :

WILLIAM ALCOCK, M.B., Ch.B., B.Hy., D.P.H.

Deputy D. (Long)
Assistant School Medical Officers :

~~WILLIAM C. COLLINS, M.B., B.Ch., B.Sc., D.P.H.~~

~~E. ANNE PERROTT, M.D., B.S., D.P.H.~~

DUNCAN.

School Dental Officer :

~~L. E. W. STATHAM, L.D.S.~~

(Resigned September, 1951)

School Nurses :

MISS M. MOORE, S.R.N., S.C.M.

~~MISS M. E. COLEMAN, S.R.N., S.C.M.~~

(Retired September, 1951)

MISS A. WRIGHTSON, S.R.N., S.C.M.

(Commenced October, 1951)

Dental Attendant :

MRS. N. E. WOOLLEY ✓

Cleansing Attendant :

~~MISS E. IRONMONGER~~

(Resigned July, 1951)

Clerks :

MRS. G. H. WATSON ✓

MISS M. BELL ✓

Annual Report of the School Medical Officer For the Year 1951

To the Chairman and Members of the Education Committee.

I have much pleasure in submitting my Annual Report for the year 1951.

It is gratifying to report that the standard of nutrition amongst the school children is high, and the general condition of the children on the whole, satisfactory.

The number of children now seen with serious crippling deformities is extremely small, and there has been a progressive decline in the incidence of verminous conditions over the last few years.

The School Dental Service suffered a serious loss by the resignation of our one School Dental Officer. Thanks, however, to the ready co-operation of local dental practitioners, we have been able to provide a very efficient emergency service at the clinic, and we are grateful for the assistance which the dentists have given.

From time to time, outbreaks of warts on the feet (plantar warts or verrucae) are reported. This painful condition has increased considerably during the last few years, and is, no doubt, an expression of the considerable amount of swimming and bare-foot work done by children to-day—activities which are to be encouraged, in my opinion, but which do tend to favour the spread of plantar warts. Simple treatment, however, soon relieves the pain and disability, but the aim should be prevention by urging all children to report any painful condition of the feet. (There is a reference to the treatment of plantar warts in the body of the report.)

The thanks of the staff of the School Health Service are due to all those who have assisted them in their efforts to raise the general level of the health of the school child. In particular to the Heads of the schools, to the staff of the Infirmary and the General Practitioners of the area, to the Child Welfare Officers, to the Director of Education and his staff, and to the Children's Care Committee.

Finally, I desire to express my thanks to the Committee for their support during the year and to Dr. Collins, who has been largely responsible for the preparation of this Report.

I am,

Your obedient servant,

W. ALCOCK,

School Medical Officer.

1. Staff Changes. The following changes occurred in the full-time Dental and Nursing Staff during 1951.

Mr. Statham, School Dentist, resigned in September, 1951, to take up an appointment elsewhere, and was replaced by three part-time dentists, i.e., Mr. E. Wayte, Mr. A. W. Smith and Mr. R. C. D. Morrell.

Miss Coleman, School Nurse, retired from the School Health Service in September, 1951, and her place was taken by Miss A. Wrightson.

2. Medical Inspection. The system of medical inspection initiated in 1948, is now firmly established, and working smoothly.

Detailed figures relating to school inspections are given at the end of this report.

Lack of suitable accommodation for the performance of routine examinations especially, is still a great drawback, and until a suitable room can be provided for the Medical Officer, satisfactory examinations cannot be made of school children.

Head teachers, however, on the whole, have been most helpful during the visits of the Assistant School Medical Officers.

As previously, pupils are examined between the ages of 5—6, 10—11, and 14—15.

The attendance of parents is still noticeably poor, except at the initial examinations at primary schools, and at the Girls' High School, Grammar School, and Technical High School. The parents of all children should be urged to attend if at all possible. Invariably, the child cannot inform the examining Medical Officer of his or her past history. The child's medical history is most important for its future career in school, and after leaving school.

It was noticeable during the year that several children who were required to wear spectacles did not do so. In these cases the Head Teachers were informed, and everything possible was done to see that the children wore their glasses regularly.

Any defects of importance found at the school inspections are referred to the School Clinic for a fuller examination, and if necessary, specialist advice. Minor defects are kept under observation at the re-inspections, which are carried out each term.

The School Nurses have paid 59 home visits during the year.

A Medical Officer is in attendance at the School Clinic each morning between 9 and 10 a.m., when he or she is available for consultation. If this is inconvenient, an appointment can be made for a more convenient time.

The attendances at the School Clinic have been satisfactory.

2,876 children had routine inspections during 1951.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** The new category of classification, that is "A—good," "B—fair" and "C—poor" is now being used, and as previously, the overall picture has been taken into account, e.g. clinical findings, physique, the height-weight ratio and the general condition of the child.

The general condition of entrants during 1951 is shown below :

Entrants	A—good	B—fair	C—poor
1951	16.0	78.6	5.4

On the whole, the standard of nutrition is high, and the general condition of the children can be regarded as satisfactory.

The small percentage in category "C" are kept strictly under observation, and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, and medical and/or surgical care when and where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 504 defects of the nose and throat, the great majority being as previously, enlargement of tonsils and adenoids.

Cases where operative treatment is considered necessary are referred to Mr. R. L. Flett, E.N.T. Surgeon, at the General Infirmary,

who has been most helpful in dealing with cases regarded by the School Service as in need of urgent treatment.

Only those cases who have a history of frequent upper respiratory infection or tonsilitis or ear trouble are referred to the Ear, Nose and Throat Specialist.

In spite of the reduction of the numbers referred to the Infirmary for specialist advice, it has been found that several children have been on the waiting list for operative treatment for tonsils and or adenoids for two to three years.

It is very satisfactory to be able to report that most of the children derive enormous benefit from having unhealthy tonsils and/or adenoids removed.

(c) **Ear Defects.** There has been an increase in the number of cases of ear defects found amongst school children during the year. Most of the children were treated at the School Clinic.

The table below shows the number of examinations and treatments carried out during the year :—

Number of ear examinations (excluding those at the					304
Medical Inspection)					
1. Minor conditions :—					
Wax impaction ..	..	..	..	18	
Defective hearing ..	..	..	..	5	
Furunculosis ..	..	..	..	1	
Catarrh of middle ear ..	..	..	..	3	
Earache ..	..	..	..	11	
				—	
				38	
				==	
2. Otitis Media. Result of Treatment :—					
Ears dry ..	..	..	..	14	
Improved ..	..	..	..	2	
To Infirmary ..	..	..	..	2	
Ceased attending..	..	..	..	2	
				—	
				20	
				==	

Deafness. Three children were resident in the Royal Institute for the Deaf at Derby during 1951.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Infirmary for school children continued to function satisfactorily.

(a) The number of cases referred to the Oculist during 1951 was 171.

(b) The number of cases seen during the same period was 160.

(c) The number of cases to whom prescriptions were given was 125.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic for school children, or to attend an optician of his or her own choice.

The number of Forms O.S.C. 10. (replacement or repair of spectacles) signed by the medical officers is still far too large, and there appears to be no limit to the number of times these forms may be signed for any particular individual. *Up to 100 Copies Made*

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment, are referred to the Burton upon Trent General Infirmary.

Advice is given at the School Clinic for minor degrees of defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

231 children were found with orthopaedic defects at the school routine examinations. 51 cases were referred for treatment, but in only 13 cases was hospital treatment considered necessary.

Below is an analysis of cases referred to the Infirmary during 1951.

<i>Type of Defect</i>	<i>No.</i>
General Posture	2
Flat feet and knock knees	3
Others	8

(f) **Diseases of the Skin.** The number of cases of scabies fell to the lowest ever recorded. The number of cases seen and treated was 6. This condition has progressively decreased since the end of the war, and it is unusual now to find a child suffering from this complaint.

The number of cases seen previously is as follows :—

1950—19	1949—20	1948—23	1947—113
---------	---------	---------	----------

Other skin conditions including impetigo, totalled 223, compared with 137 in 1950.

(g) **Speech Defects.** Speech therapy continues for two sessions weekly at the Education Offices in Guild Street.

Very satisfactory results have been obtained, and ~~Miss~~ Coleman, S.R.N., must be congratulated for her enthusiasm and hard work in obtaining such good results.

The following tables show the type of defects treated and the results obtained.

Stammering

Number	Degree			Result			
	Slight	Con- sider- able	Severe	Cured	Much Im- proved	Im- proved	Un- changed
10	—	4	6	6	2	2	—

Defective Articulation

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
82	42	40	—	—

(h) **Infestation with Vermin.** There was a further decrease in the number of children found infested with vermin, the proportion of pupils infested being 4.6%.

The older age groups, especially girls, are still the worst offenders. The procedure adopted where a child is found verminous or with nits is to exclude from school until certified clean.

The total number of school examinations by School Nurses was 19,492. 360 children were found to be infested with vermin, and there were 163 exclusions. 6,312 individual children were examined.

No cleansing notices were issued during 1951, nor were any cleansing orders made.

(i) **Foot Defects.** An increasing number of school children are attending the School Clinic for treatment of plantar warts.

27 children were seen during the year—20 girls and 7 boys. Treatment with Chlorosal was carried out and the average number of treatments was 3.

The children were mainly from the 10—15 year age group, and all participated in P.T., swimming and dancing.

The results of the treatment have been highly satisfactory, and recurrence is rare.

The Head Teachers of the different schools have been requested to be on the look-out for such conditions and to urge affected children to seek the necessary treatment.

As plantar warts can be both painful and very disabling, it is very necessary that treatment should be established as soon as possible.

4. Handicapped Pupils. The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Receiving special Educational Treatment	At ordinary School	At no School	Total not receiving special Educational Treatment
Blind	—	—	1	1
Partially Sighted	—	—	—	—
Deaf	2	—	—	—
Partially Deaf	1	1	—	1
Delicate	1	—	—	—
Educationally Subnormal	—	30	—	30
Epileptic	1	—	1	1
Physically Handicapped ..	2	1	3	4
Maladjusted	—	2	—	2
Speech Defect	—	—	—	—
Diabetic	—	—	—	—
	7	34	5	39

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 40 children were assessed during 1951.

Below is a table showing the number of children examined, and the action taken during 1951 :—

Total number of children tested under Section 57(5) of the Education Act, 1944	5
Total number of children tested under Section 57(3) of the Education Act, 1944 and referred to the Local Authority	4
Total number of children tested and found Educationally Subnormal	5
Total number of children tested and found Epileptic	—
Total number of children tested and found Maladjusted	2
Total number of children tested and found normal	20
Total number of children tested but tests not completed	4

Head Teachers and others are very helpful in bringing to the notice of the medical officers, children whom they know to be mentally retarded.

The special class for retarded children at Wetmore Road School is progressing satisfactorily.

This class was visited during the year, and one is impressed by the good results obtained with these retarded children. Each child needs individual care, and gets it at this class.

A Medical Officer from the Ministry of Education visited the class during the year, and was quite impressed with the curriculum, etc.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. No cases of diphtheria were notified in the Borough during 1951. This indeed, must be regarded as a very satisfactory state of affairs.

During 1951, 177 children completed a full course of immunisation, and 1,150 received a reinforcing or booster dose of diphtheria antigen.

There was no need to change the antigen used during the year, and no severe reaction to immunisation has been recorded.

Combined protection against whooping cough and diphtheria is given when requested.

It is estimated that 97% of school children in the Borough are protected against diphtheria.

Scarlet Fever. There were 32 cases of scarlet fever notified during 1951. Of these, 6 cases necessitated removal to hospital.

As previously, this disease continues in a mild form, and complications are rare.

Measles. 366 cases of measles were notified during 1951, as compared with 70 cases in 1950, and 310 cases during 1949.

A low incidence can be anticipated in 1952, thus showing the biennial periodicity characteristic of this disease.

6. Tuberculosis.

There were no cases of pulmonary tuberculosis notified during the year. There are, however, several cases of school children who are under observation at the Chest Clinic, and a close liaison exists between the Chest Clinic, the B.C.G. Clinic, and the School Clinic.

3 cases of non-pulmonary tuberculosis were notified during 1951. Quite a number of children are kept under observation at school.

B.C.G. Vaccination. B.C.G. vaccination against tuberculosis, which started in April, 1950, is now progressing smoothly, and has been continued throughout the year.

Below is a list of the results :—

Total number of children (all ages) who attended the Infant Welfare Centre during 1951	61
Total number of children with a positive result (Mantoux or Jelly Test)	23
Percentage with a positive result	38%
Total number of children with a negative result (Mantoux or Jelly Test).. .. .	38
Percentage with a negative result	62%
Total number successfully vaccinated during 1951 ..	25

It will be noted that the percentage of negative cases, i.e., persons who have not been infected by the tubercle bacillus, has increased remarkably since this scheme was started.

Only 23% of children were found to have a negative reaction in 1950, whereas in 1951, this number has increased to 62% of children tested.

The whole process takes three months. The same procedure as laid down by the Ministry of Health has been carried out as previously.

It is too early to assess the value of the results, but statistics compiled from other countries, notably, France, Denmark, Norway, Sweden, America and Canada over many years suggest that B.C.G. vaccination does offer resistance against naturally acquired tuberculous infection.

Parents or foster parents of the children are very co-operative, and the reactions to vaccination were of such a minor nature that they did not need recording.

Those children who had a positive tuberculin test were referred to the Chest Clinic for further observation, X-rays, etc.

7. Deaths of Children of School Age.

There were 4 deaths of school children during the year. Two were due to broncho-pneumonia, one to primary pneumonia, and one to cerebellar abscess associated with bilateral mastoiditis.

8. Minor Ailments.

During 1951, there were 4,488 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure shows an increase of 250 on the attendances for 1950.

This Clinic is open on weekdays from 9—10 a.m. and a Medical Officer is always in attendance during these hours.

9. Nursery Schools.

The nursery classes at Christ Church, Stafford Street, and Short Street Schools continued as usual throughout the year. Children in the nursery classes are now seen each term.

Immunisation against diphtheria was carried out amongst children at the nursery schools.

10. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

			Boys	Girls	Total
Newspaper delivery	..	..	93	10	103
Parcel delivery	..	..	2	—	2
Meat delivery	..	..	2	—	2
Milk delivery	..	..	1	—	1
Bundling firewood	..	..	1	—	1
Office work	..	..	1	—	1
Errands	..	..	6	—	6
Shop Assistant	..	..	—	1	1
Label packing	..	..	—	1	1
			<hr/> 106	<hr/> 12	<hr/> 118
			<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

11. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	..	..	..	468,712
Staff and Helpers	..	..	..	48,387
Students	..	..	..	3,544

6,670 children were supplied with free milk during the year.

13. **Children's Care Committee.** There follows the report of the Children's Care Committee. This Committee again gave valuable assistance by arranging periods of convalescence for children who needed it.

CHILDREN'S CARE COMMITTEE

Report for the Year, 1951

The Children's Care Committee was appointed by the Education Committee for work in 1951, and was constituted as follows :

Mrs. Curzon, Miss Evershed, Mrs. L. George, Mrs. W. Harris, Mrs. R. Lorimer, Mrs. Macgilp, Mrs. R. Piddocke, Mrs. F. G. Thompson, and Mrs. Walley.

The Officers elected for 1951 were :—

<i>Chairman</i>	..	..	..	..	Mrs. Macgilp
<i>Vice-Chairman</i>	..	..	..	..	Mrs. R. Piddocke
<i>Hon. Secretary and Treasurer</i>	..	..	..	..	Miss Evershed

In February, Mrs. Morris was appointed a member of the Committee.

The members heard, with great regret, of the death of Mrs. H. J. Templeman, who had been a valued member of the Committee for many years.

The Committee met six times during the year.

37 cases were reported to them and were dealt with as follows :—

1. Boy aged 4 years.	Sent to Convalescent Home,	Broadstairs, for 5 weeks
2. Boy aged 5 years.	do.	St. Annes, for 4 weeks.
3. Boy aged 5 years.	do.	St. Annes, for 4 weeks.
4. Girl aged 12 years.	do.	St. Annes, for 4 weeks.
5. Girl aged 9 years.	do.	St. Annes, for 4 weeks.
6. Girl aged 8 years.	do.	St. Annes, for 4 weeks.
7. Boy aged 10 years.	do.	St. Annes, for 4 weeks.
8. Boy aged 8 years.	do.	St. Annes, for 4 weeks.
9. Girl aged 7 years.	do.	St. Annes, for 4 weeks.
10. Girl aged 11 years.	do.	St. Annes, for 4 weeks.
11. Boy aged 9 years.	do.	St. Annes, for 4 weeks.
12. Boy aged 11 years.	do.	St. Annes, for 4 weeks.
13. Girl aged 11 years	do.	St. Annes, for 4 weeks.
14. Boy aged 8½ years.	do.	St. Annes, for 4 weeks.
15. Boy aged 10 years.	do.	St. Annes, for 4 weeks.
16. Girl aged 6 years.	do.	St. Annes, for 4 weeks.
17. Boy aged 8 years.	do.	St. Annes, for 4 weeks.

- | | | |
|-------------------------|---|--------------------------|
| 18. Boy aged 6 years. | Sent to Convalescent Home, | St. Annes, for 3 weeks. |
| 19. Boy aged 7 years. | do. | St. Annes, for 3 weeks. |
| 20. Boy aged 9½ years. | do. | St. Annes, for 3 weeks. |
| 21. Boy aged 8 years. | do. | St. Annes, for 3 weeks. |
| 22. Girl aged 6 years. | do. | St. Annes, for 3 weeks. |
| 23. Boy aged 5 years. | do. | St. Annes, for 3 weeks. |
| 24. Girl aged 6 years. | do. | St. Annes, for 3 weeks. |
| 25. Girl aged 8 years. | do. | St. Annes, for 3 weeks. |
| 26. Boy aged 7 years. | do. | St. Annes, for 4 weeks. |
| 27. Boy aged 6 years. | do. | St. Annes, for 4 weeks. |
| 28. Boy aged 6 years. | do. | St. Annes, for 4 weeks. |
| 29. Boy aged 5 years. | do. | St. Annes, for 4 weeks. |
| 30. Girl aged 9 years. | do. | St. Annes, for 4 weeks. |
| 31. Girl aged 6½ years. | do. | St. Annes, for 4 weeks. |
| 32. Boy aged 10 years. | do. | St. Annes, for 4 weeks. |
| 33. Boy aged 6½ years. | do. | St. Annes, for 4 weeks. |
| 34. Boy aged 7 years. | Sent to Open-Air School, | Smethwick, for 17 weeks. |
| 35. Boy aged 7½ years. | Recommended for Open-Air School treatment and waiting to go. | |
| 36. Girl aged 10 years. | Recommended for Convalescent Home treatment. | |
| | Parents did not wish her to go. | |
| 37. Boy aged 7 years. | Recommended for Convalescent Home treatment but unfit to go at present. | |

The boy suffering from Asthma, who was sent to the Open-Air School received great benefit, and most of the children who went to Convalescent Homes were much better for their stay. High praise for the Open-Air School and the St. Annes Convalescent Home, and for the kindness of those in charge, was given by the parents who acted as Escorts. The Officers of these Homes were most helpful to the Committee.

The Trustees of the Burton upon Trent Consolidated Charities gave a grant of £50, special grants totalling £47 7s. 1d. to provide Open-Air School treatment, and provide maintenance at Convalescent Homes for 33 children for 125 weeks. The Committee record their grateful thanks for this generous help.

ETHEL M. MACGILP, *Chairman.*

PHYLLIS M. EVERSLED, *Hon. Secretary.*

MEDICAL INSPECTION TABLES, 1951

Number of Children.

Average number of children on the roll	..	..	7,989
Average attendance	..	..	7,123

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	..	1,253
Second Age Group	..	..	..	..	..	..	760
Third Age Group	..	..	..	..	..	..	638
Total	..	..	..	..	..	..	2,651
Number of other Periodic Inspections	..	..	..	..	..	..	225
Grand Total	..	..	..	..	..	..	2,876

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	1,683
Number of Re-Inspections	..	..	..	..	..	7,795
Total	..	..	..	..	..	9,478

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of individual Pupils found at Periodic Medical Inspection to Require Treatment. (Excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	2	110	112
Second Age Group ..	26	72	97
Third Age Group ..	26	29	55
Total (prescribed groups)	54	211	264
Other Periodic Inspections	11	26	35
GRAND TOTAL ..	65	237	299

Table 2(a)

Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE						Periodic Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)						(2)	(3)	(4)	(5)
4	Skin	..	..	..	..	..	46	73	205	32
5	Eyes—(a)	Vision	..	..	..	..	65	186	125	82
	(b)	Squint	..	..	..	..	5	15	23	17
	(c)	Other	..	..	..	..	30	11	128	13
6	Ears—(a)	Hearing	..	..	..	..	—	15	—	6
	(b)	Otitis Media	..	..	..	..	25	23	23	23
	(c)	Other	..	..	..	..	—	6	5	4
7	Nose or Throat	..	..	..	..	..	59	279	80	86
8	Speech	..	..	..	..	..	13	17	38	12
9	Cervical Glands	..	..	..	..	..	1	89	—	24
10	Heart and Circulation	..	..	..	..	..	—	86	—	16
11	Lungs	..	..	..	..	..	—	202	4	65
12	Developmental—(a)	Hernia	..	..	..	..	3	11	6	3
	(b)	Other	..	..	..	..	—	2	—	—
13	Orthopaedic—(a)	Posture	..	..	..	..	3	70	11	17
	(b)	Flat foot	..	..	..	..	6	43	17	11
	(c)	Other	..	..	..	..	—	26	14	13
14	Nervous system—(a)	Epilepsy	..	..	..	..	—	3	—	9
	(b)	Other	..	..	..	..	1	53	—	6
15	Psychological—(a)	Development	..	..	..	..	—	1	—	2
	(b)	Stability	..	..	..	..	—	6	—	12
16	Other	..	..	..	..	..	36	182	173	132

Table 2(b)

**Classification of the General Condition of Pupils Inspected
during the year in the Age Groups.**

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
Entrants	1253	201	16.0	984	78.6	68	5.4
Second Age Group	760	154	20.3	544	71.5	62	8.2
Third Age Group	638	179	28.0	407	63.8	52	8.2
Other Periodic Inspections	225	64	28.5	136	60.4	25	11.1
TOTAL	2876	598	20.8	2071	72.0	207	7.2

Table 3.

Infestation with Vermin.

(i)	Total number of examinations in the Schools by the School Nurses or other authorized persons	19,492
(ii)	Total number of <i>individual</i> pupils examined	6,312
(iii)	Total number of <i>individual</i> pupils found to be infested	360
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	—

Table 4
Treatment Tables

Group 1.—Minor Ailments (excluding Uncleanliness).

	Number of Defects treated, or under treatment during the year
(a) SKIN—	
Ringworm—Scalp—	
(i) X-Ray Treatment. 	—
(ii) Other Treatment 	—
Ringworm—Body 	—
Scabies 	6
Impetigo 	44
Other Skin Diseases	179
EYE DISEASE (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	143
EAR DEFECTS Treatment for serious diseases of the ear (e.g. operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report	90
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	218
TOTAL	680
(b) Total number of attendances at Authority's Minor Ailments Clinics	4488
(c) Total number of attendances including uncleanliness	6057

**Group II.—Defective Vision and Squint (excluding Eye Disease
treated as Minor Ailments—Group I).**

	No. of Defects dealt with
Errors of Refraction (including squint)	247
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	—
Total	247
No. of Pupils for whom spectacles were—	
(a) Prescribed	199
(b) Obtained	178

Group III.—Treatment of Defects of Ear, Nose and Throat.

	Total number treated
Received Operative Treatment—	
(a) For Diseases of the Ear	2
(b) For Adenoids and Chronic Tonsilitis	204
(c) For other Nose and Throat Conditions	—
Received other forms of Treatment	—
TOTAL	206

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-Patients in Hospitals or Hospital Schools	17
(b) Number referred for treatment, e.g., in Clinics or Out- Patient Departments	51

Group V.—Child Guidance Treatment and Speech Therapy.**Number of Pupils Treated—**

(a) Under Child Guidance arrangements	—
(b) Under Speech Therapy arrangements	82

Table 5.

Dental Inspection and Treatment.

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a) Periodic Age Groups	2198						
(b) Specials	891						
(c) TOTAL (Periodic and Specials)	3089						
2. Number found to require treatment	2053						
3. Number referred for treatment	1162						
4. Number actually treated	1858						
5. Attendances made by pupils for treatment	2478						
6. Half-days devoted to :							
(a) Inspection	18						
(b) Treatment	329						
TOTAL (a) and (b)	347						
7. Fillings—							
Permanent Teeth	435						
Temporary Teeth	66						
TOTAL	501						
8. Number of teeth filled—							
Permanent Teeth	363						
Temporary Teeth	60						
TOTAL	423						
9. Extractions—							
Permanent Teeth	260						
Temporary Teeth	1599						
TOTAL	1859						
10. Administration of general anæsthetics for extraction	713						
11. Administration of local anæsthetics for extraction	598						
12. Other Operations—							
(a) Permanent Teeth	263						
(b) Temporary Teeth	115						
TOTAL (a) and (b)	378						

Appendix

12.—PHYSICAL EDUCATION REPORT, 1951

Introduction. It is well to state our aim from time to time. It is to promote physical education by effective teaching and by the provision of reasonable facilities and equipment. While these are inter-related there can be no question that the work of the teacher is by far the most important. The atmosphere created and the efforts made during each lesson result directly from the teacher; while the school's general attitude to physical education reflects the attitude of the Head and the whole staff towards physical well-being.

Junior Schools. A child grows up largely by play, yet the equipment of a school playground seldom gets the attention it deserves. There is often a fair amount of space, but except for wall buttresses to hide behind or ground markings to jump over, our playgrounds until recently have been featureless. This suits those who have reached the ball-playing age. But the play of younger children is largely imaginative and imagination is helped by having some material shape or piece of apparatus around which to shape their play. The policy of providing fixed apparatus to climb over, and rattle targets to throw at, has been extended to another junior school and another infant school. During two thirds of the year the physical education lessons are taken indoors. With one exception the halls are too small and this lack of space is being accentuated by the increasing size of the junior school classes—over large classes and lack of space in an acute form. The hall floors are either wood block or wood composition. Only one junior school has a wooden boarded floor and observations of lessons in this school have shown that the children are heavy footed until the lessons get well under way and the teachers have demanded lightness. No doubt this heaviness is present but hidden by the other types of floor. Detection by the teacher depends upon sight rather than sound and is therefore much more likely to be overlooked. Reflection on this has led one to wonder whether a child has two standards of movement—a heavy, rough and tumble one for the play-ground and street and a light graceful movement for the Physical Education lesson.

Secondary Modern Schools. The pendulum has certainly swung away from drill discipline and strictness and may have swung to an over indulgence in lowered standards of movement, less vigour and application and a belief that these are modern methods of education.

Physical Education is not an exact science, where everyone agrees and as a result only one course of action is possible. Fortunately we are far removed from that arid state. There is still room for considerable divergence of opinion amongst equally successful teachers. Our present belief is that the Secondary Modern boy is ready for formal gymnastic training and that he will readily respond to a firm and considerate master—one who moves towards his aims with conviction. We have advised the division of the lesson into two parts with the part devoted to skilled group work occupying at least half the lesson. The first part will be concerned with establishing an atmosphere and will consist of loosening and strengthening exercises which will be directly related to the vaulting, agility, athletics and games practices of the second part of the lesson. Much of part one can still be done in unison and if performed well it gives a feeling of satisfaction to the class. But this does not exclude some complex movements being done in individual time nor does it rule out the proved method of allowing individual timing during the learning of a new movement.

Swimming. The summer session was from 9th April till 28th October, 1951, when schools from the Borough, South Derbyshire, Leicestershire and adjacent parts of Staffordshire fully used the two Swimming Baths from 9 a.m. to 4-15 p.m. each day. The winter session commenced on 29th October and will extend to Easter 1952, and although only one Bath remained open during the winter, the schools made full use of it every day. This is the first time we are able to report full winter use since arrangements were made for winter swimming. This is evidence of the gradual growth of all-the-year-swimming amongst school children.

Normally children in their last year at the Junior School and in each year at the Secondary Schools participate in school swimming. Since 1946 the teaching of swimming to junior pupils has been largely by individual methods. It was held by some of the teachers that in swimming there was an "age of readiness" and that by individual treatment when a child reached this stage, the teacher could best

help the learner. Observations showed that by this method there were at any one time between $\frac{1}{4}$ and $\frac{1}{3}$ of the class out of the water and thereby failing to make maximum use of the time to get familiar with the water. There was also the tendency to devote instruction to the apt and promising pupils at the expense of the others. The advantages of class teaching at this stage have been stressed during the last two years and these claims have been shown in giving demonstration lessons—the building up of confidence by means of graded water practices—the necessity for teaching the essentials of any swimming stroke, i.e. a glide harnessed to the propulsive stroke of both arms and legs—the child's satisfaction in being able to do most of the work nominated by the teacher—the pleasure of movements in water without unnecessary noise.

This Authority meets the cost of a scheme for granting Swimming Awards to promising swimmers which give admittance to the Baths for one year without payment. An examination of the attendances made show that about twenty pupils each year have made reasonable use of this opportunity for frequent swimming practice. Accordingly the number of Awards during the current year has been reduced from 32 to 26.

Cricket. A reference was made in the 1950 report on cricket in the Secondary Modern Schools, and in the year under review progress can be reported in the provision of two additional concrete match wickets and two asphalt practice wickets.

The introduction to cricket and early training in the junior schools is now well established. The splitting of large classes into small groups allows all boys to receive some instruction and an equal share of the batting and bowling. The scale of equipment for each group includes bats, wickets, keeping pads and gauntlets. There can be no doubt that the boys enjoy this method and the masters find it a satisfactory way of conducting an organised games lesson.

The Burton Cricket Club offered to provide extra coaching during the summer holidays 1951 for a number of schoolboys drawn from all secondary schools in the Borough. The recommended group consisted of twelve boys from the Grammar School and six from the Technical High School. Bad weather interfered with the coaching, but the enthusiasm shown by the boys was sufficient to justify the Club renewing its offer for the coming season.

Athletics. During June and July a Coaching Course was arranged in association with the North Staffordshire Athletics Coaching Committee. Ten games masters attended and received a refresher course in the coaching of sprints, middle distance, hurdles, and javelin.

Tennis. This Authority co-operated with the Central Council of Physical Recreation and the local Tennis Association in staging a demonstration in class methods of tennis coaching by F. J. Perry and D. Maskell. A combined class from the Ashby Girls' Grammar School and the Burton upon Trent High School was used to show method. Parties and teachers from all the committee's schools in which tennis is taught saw the demonstration in addition to parties from many secondary schools from the adjacent counties.

Playing Fields. We received an advisory visit from the Sports Turf Research Institute and three playing fields were visited. The recommended treatment of the Anglesey School Playing Field involved aeration, weed control and feeding without the field being put out of use. The results to date show a marked improvement in the turf. The reconditioning of the second portion of the field used for A.R.P. Shelters has continued and will be completed by spring sowing in 1952.

At Hillside the construction of playing fields has proceeded as far as the levelling and land pipe drainage of two areas (6.23 acres and 4.17 acres).

Festival Year. The Festival Year was marked among other activities by the staging of a Festival of Dance and a Festival Swimming Gala. The Authority recognises the success of these ventures and was pleased to work in close association with those teachers who were responsible for the Dancing and with the Swimming Association which promoted the Gala.

A. H. BLAKE,

Director of Education.

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